+	PATEN					ATION-RECORD									
	Effective October 1, 2001							10/716 480							
ŀ			•	S FILED - PART I (Column 1) (Column 2)				SMALL TYPE	L ENTITY		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS								RATE	=	FEE	7	RATE		FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE	370.00	OR	BASIC FE	E 7	40.00	
TOTAL CHARGEABLE CLAIMS			9 -	9 minus 20=		*		X\$ 9:	=		OR	X\$18=	7	<u> </u>	
11-	NDEPENDENT			minus 3 =		*		X42=			OR	\	十	+	
L	MULTIPLE DEPI	PRESENT	RESENT				+140=	1		7		十	+		
ŀ	If the difference	s less than	ess than zero, enter "0" in co			TOTAL		4	·	OR		╀-	+		
İ		CLAIMS AS	AMENDE	MENDED - PART II				TOTAL	Ļ		OR	TOTAL OTHER	 . Th	-	
AMENDMENT		(Column 1)		(Colur		(Column 3)		SMAL	LL ENTITY		OR		SMALL ENTI		
	MENT A	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA	·	RATE		ADDI- IONAL FEE		RATE	TI	ODI- ONAL FEE	
	Total	* 9	Minus	** 20)	= 🔇		X\$ 9=			ÓR	X\$18=	I		
	Independent FIRST PRES	* / ENTATION OF M	Minus	###	3	= 0		X42=	1		OR	X84=	\Box		
		- Control of the	IOCIII EE DE	FLINDENT	CLAIN			+140=			OR	+280=		-	
							ΑI	TOTA ODIT. FEI			OR,	TOTAL ADDIT: FEE		ot	
AMENDMENT B	Trong to the state of the state	(Column 1)	VENTER	(Colum		(Column 3)	_								
		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	T	ADDI- ONAL FEE		RATE	TIC	DDI- DNAL EÉ	
	Total	* 5	Minus	** 20)	= Ø		X\$ 9=			OR	X\$18=	1		
	Independent FIRST PRESE	* NTATION OF MI	Minus JLTIPLE DE	PENDENT	CLAIM			X42=			OR	X84=	1		
						<u> </u>		+140=		4	OR	+280=			
			•				AD	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE			
		(Column 1) CLAIMS		(Columi		(Column 3)	·								
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY:	PRESENT EXTRA	f	RATE	TIC	DDI- DNAL EEE		RATE	TIO	DDI- NAL EE	
	Total	*	Minus	**		=	,	X\$ 9=			OR F	X\$18=			
	Independent FIRST PRESE	* NTATION OF MU	Minus	***	N AINA	=· .	1	X42=			OR -	X84=			
		·		LINDENIC	ALIVI		T.	140=				+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.")	TOTAL				
	If the "Highest Nur The "Highest Num	nber Previously Pa	id For" IN THI:	S SPACE is le	ess than	3 enter "3 "		OIT. FEE	oroni		AL	DIT. FEE			
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